

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO/ <div style="font-size: 1.2em; font-family: cursive;">10/587,663</div>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1						
2		1		1					
3		2		1					
4		2		1					
5		0		1					
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TOTAL IND.	1	↓	1	↓		↓			
TOTAL DEP.	10	←	10	←		←			
TOTAL CLAIMS	11		11						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									

PTO - 1360 (REV. 04/2007)

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